



# Corps Network Education Award Program

## Partial Award Form

**Member Name & ID # (print):** \_\_\_\_\_

*Note: In order to be eligible for a pro-rated award the member must have successfully completed at least 15% of their term.*

The above mentioned AmeriCorps member qualifies for a partial/pro-rated education award because of the following compelling circumstance. Member is leaving early for:

☐ **Meaningful Employment** based on the skills learned in the Corps or promotion within the Corps – **This will only count for a partial award IF the member was economically disadvantaged AND unemployed upon entering the CCC. This has to have been determined from their enrollment date.**

☐ Letter from new employer has been put in the member's file

Name of new employer: \_\_\_\_\_

☐ **Disability** - note from doctor explaining why the member can no longer perform their service per their job description/ assigned duties should be kept in file along with this form. **The note should NOT indicate the nature of the disability.**

☐ **Medical Issue** - note from doctor explaining why the member can no longer perform their service per their job description/ assigned duties should be kept in file along with this form. **The note should NOT indicate the nature of the illness or medical condition.**

☐ **Military service obligations** - letter or other official document with the start date of the military service Partial Award Form.

☐ **Member's Family -**

☐ **Disability**    ☐ **Serious illness**    ☐ **Death** (of an immediate family member)

☐ Requires note from a doctor, clergy or other person specifying that the member is unable to continue their term of service.

Explain: \_\_\_\_\_

\_\_\_\_\_

☐ **Conditions attributable to the program or otherwise unforeseeable and beyond the member's control such as:**

☐ relocation of a spouse and no AmeriCorps program at that location for transfer

☐ non-renewal or premature closing of a Corps project or program, that make completing a term unreasonably difficult or impossible

Explain: \_\_\_\_\_

\_\_\_\_\_

☐ **Other Compelling Reasons:**

Explain: \_\_\_\_\_

\_\_\_\_\_

**All Sites must obtain HQ approval before granting a member a partial award.**

*By signing this form I verify the accuracy of the information provided for a partial award.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature (as Witness)

\_\_\_\_\_  
Date